

CERTIFICATE OF COVERAGE

ISSUED TO: and all interested parties

INSURER: Commonwealth of Virginia

AUTHORIZATION: *Risk Management Plan* and §§ 2.2-1837 and 2.2-1840, *Code of Virginia*

COVERAGE PERIOD: Continuous, effective

PURPOSE: Verification of insurance coverage for activities of
its employees, and authorized agents as it relates to

COVERAGE: Tort Liability, including Medical Malpractice and Automobile. Also covers liability and physical damage for use of rental/leased vehicles used on official business.

LIMITS: \$2,000,000 - Tort claims against persons
\$100,000 - Tort claims against the Commonwealth
\$1,800,000 - Medical Incident, per occurrence, as of July 1, 2005 (subject to § 8.01-581.15, *Code of Virginia*)
Actual Cash Value – Non-owned (hired, rented/leased) vehicles

ADMINISTRATOR: Virginia Division of Risk Management
P.O. Box 1879
Richmond, VA 23218-1879

This certificate is for information only. It does not alter any provisions of the *Risk Management Plan* or the *Code of Virginia*.

VERIFIED BY:

Signature
State Official's Name:
Title:
Date: